

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

10609

Registration District No.

165

Primary Registration District No.

5231

Registrar's No.

18

1. PLACE OF DEATH:

- (a) County Cedar
 (b) City or town Linn ~~city~~
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether
 years, months or days)

In this community all of life

3. (a) PRINT FULL NAME Nancy Jane Fox

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James M. Fox 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 30, 1859
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 3 _____ hr. _____ min.

9. Birthplace Cedar County, Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

- MOTHER FATHER { 12. Name John W. Ball
 13. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Barren White
 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. M. Fox
 (b) Address Fair Play, Mo.

17. (a) Lindley P. (b) Date thereof 3-5-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Lindley Prairie

18. (a) Signature of funeral director W. B. Davis & Co.
 (b) Address Stockton, Mo.

19. (a) March 9 (b) Mrs. Minnie Bartleton
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Cedar

- (c) City or town Stockton Rural
 (If outside city or town limits, write "RURAL")

- (d) Street No. _____ (If rural, give location)

- (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
 year 1940 hour 4 minute 30 M.

21. I hereby certify that I attended the deceased from December 10, 1940 to March 2, 1940;
 that I last saw him alive on March 2, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis and myocardial degeneration

Due to 43 C

Other conditions Bronchiectasis
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Bernard C. Adler (M. D. or other) M.D.
 Address Stockton, Mo. Date signed 4/5/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Melvin Church
Licensed Embalmer No. 3272
P. O. Address Stockton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.